

October 7, 2002

MDR #: M2-02-0914-01
IRO Certificate No.: I RO 5055

Following is a medical case review to replace the review sent to you dated 10.02.02, regarding the above-named case. Prior correspondence and case review were sent to incorrect parties. This is to distribute information to the correct parties.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a Certified Chiropractor

THE REVIEWER AGREES WITH THE DETERMINATION MADE BY THE INSURANCE CARRIER. The reviewer is of the opinion that a nerve conduction study with ultrasound is not medically necessary.

I am the Secretary and General Counsel of ____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by ____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **ten (10)** days of your receipt of this decision (28 Tex. Admin. Code 142.5©)

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **twenty (20)** days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This Decision is deemed received by you **five (5)** days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on October 7, 2002.

Sincerely,

MEDICAL CASE REVIEW

This is for ____, ____. I have reviewed the medical information forwarded to me concerning MDR #M2-02-0914-01, in the area of Chiropractic. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. 03/29/01, exams, ____
2. 02/12/00, exams, ____,
3. 04/17/02, exams, ____,
4. 06/11/01, exams, ____,
5. 06/08/00, exams, ____,
6. 06/05/00, incident reports, ____
7. 01/07/02 - 07/02/02, office notes, ____.
8. 08/10/00, MRI report, cervical spine.

B. DISPUTED SERVICES:

The patient was involved in a slip-and-fall injury on _____. The patient reported an injury to the left knee, left cervical region, and low back. The patient has been treating with ____ / ____ since 06/07/00.

C. DISPUTED SERVICES:

The carrier denies the medical necessity of surface electromyography to the upper quarter with diagnostic ultrasound for cervical spine.

D. DECISION:

I PARTIALLY AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THIS CASE. I do agree that the physician in this case has failed to establish a medical basis for further diagnostic imaging to the cervical spine. However, I feel that medical necessity has been established for the surface electromyography of the right upper quarter.

E. RATIONALE OR BASIS FOR DECISION:

1. The consistency of the patient's pain complaints and lack of significant improvement with recent therapeutic applications must allow a rule-in/out for true pain/symptomatology generators.
2. In the July 2000 issue of *Neurology*, a report on the clinical utility of surface electromyography was released. In this report, surface EMG data was not considered experimental, but was considered to be a common diagnostic tool utilized by many healthcare providers (HCP's) to analyze movement and postural disturbances.
3. The American College of Radiology appropriateness criteria show ultrasound imaging for the cervical spine to be one of the least utilized image modalities for trauma to this region. A more appropriate imaging modality for confirmation of pain generators or to rule in/rule out pathology is a CT or CT with myelogram.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.